

THE Canadian Hospital

A Monthly Journal for Hospital Executives



Toronto, Can.

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November, 1928

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Pictou Hospital Now Enabled to Give Wider Public Service
News of Hospitals and Staffs

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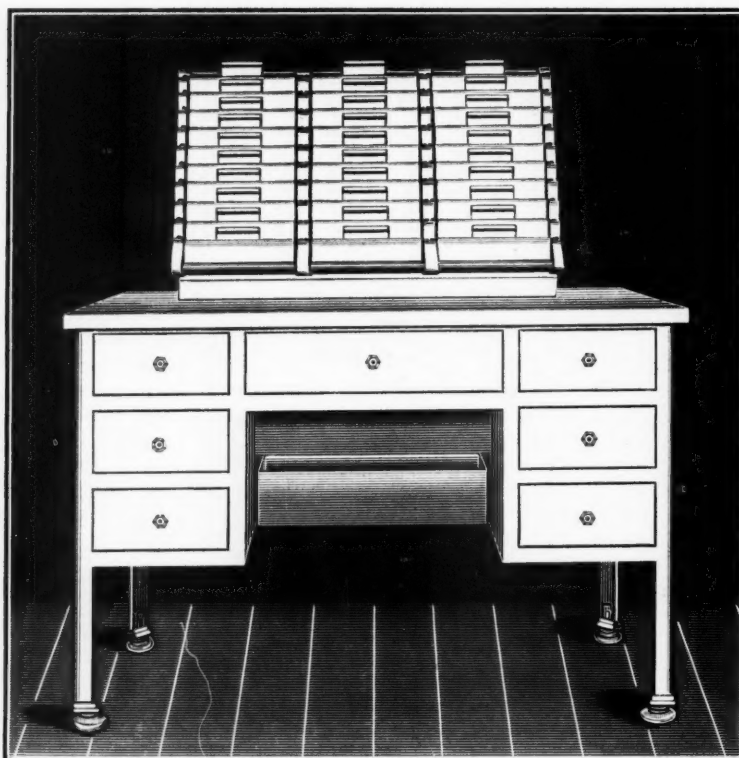
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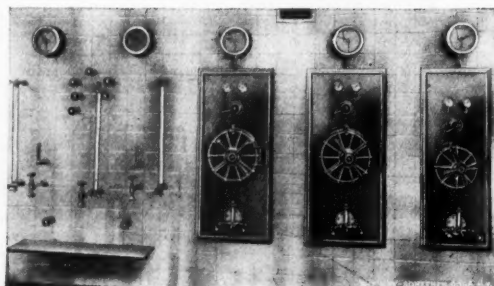
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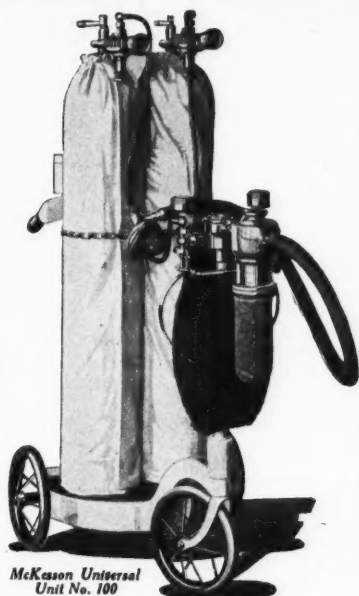
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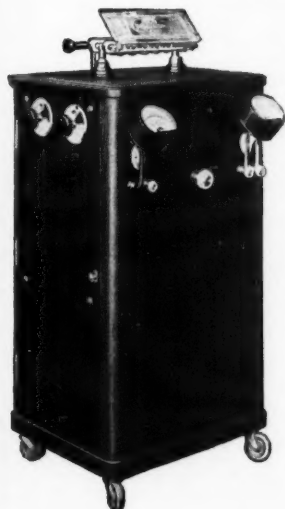
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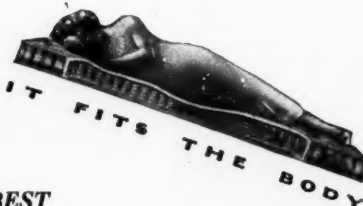


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Canada Calls on Every Citizen to Aid in Fire Prevention

Authoritative statistics show that the amount of the average annual loss of insurable property by fire in Canada exceeds thirty million dollars, and that more than three hundred persons annually lose their lives as a result of fire.

Statistics also show that at least eighty per cent. of the fires which occur originate either directly or indirectly through inexcusable ignorance and neglect and are therefore preventable.

During the last five years we have been able to record a reduction in the fire waste in Ontario, but this year shows an increase in fire losses over last year's figures. Fire losses for the first eight months

of 1927 totalled \$7,743,659 due to 7,569 fires. The 1928 losses for eight months totalled \$8,915,748 due to 8,440 fires.

For the above reasons, fire prevention week is appointed each year, affording an opportunity to all good citizens to "clean up." Fire drills are held in schools and institutions, and special instruction on the subject of fire prevention is given wherever possible.

Fire prevention week, however, is just a reminder of a subject which should never be far from our minds. Each citizen should do his or her bit towards the prevention of this great menace to our country. All buildings and their surroundings should be inspected by their occupants and all conditions likely to cause or promote the spread of fires to be removed. And this should not be left to fire prevention week—it should be done periodically so that this cause, at least, does not exist.

The estimated fire loss of Canada amounted to a million dollars in the first year of Confederation—a per capital loss of .34 cents. Our population has increased 300 per cent. and our fire losses have increased 3,800 per cent., or at a ratio more than twelve times greater than the increase of population since Confederation.

During the career of this young country twenty years have been added to the average span of life—through preventive methods—by the successful attack science has made on disease. Through death prevention we are enabled to live fifty-seven per cent. longer than our forefathers. By the adoption of fire prevention methods we could prevent eighty per cent. of our fire losses, and save for Canadian development over thirty million dollars a year.



Care of Linen a Problem in Large Hospitals

The problem of the care of linen in a large hospital is a major one, and it is as much the duty of the nurse to assist in the solution of this problem as it is to know how to care for the sick. The amount of money invested in the required amount of linen for a large institution is not small and it is necessary to keep this amount as low as possible. The most simple methods is to be sure that the linen cupboards are not overstocked.

Just what is meant by overstocking is, perhaps, a question. There must be a sufficient amount to give each patient plenty of clean linen but there must be no more or it will either lie in the cupboard unused, or be carelessly and unnecessarily used, in either event meaning a larger investment than is absolutely necessary. To arrive at this "sufficient amount" the estimate should be made on the assumption that the nurse will be careful of the linen and follow such instructions as are given her for its care.

Another overhead cost which must be remembered is the laundering. It not only aids in shortening the life of the hospital linen but adds to its cost. Therefore, the amount of laundry should be kept as low as is compatible with cleanliness.

If nurses are to co-operate in this matter, it is

necessary that they receive definite instructions and it is interesting to note how different institutions handle the situation.

To give an instance in one well-known hospital, we will quote the regulations concerning the handling of linen which are in force at the New York Post-Graduate Hospital, according to the manual of that institution. They are as follows:

"Care will be used in changing all bed linen and linen used about the patient. Soiled linen should be separated before being sent to the laundry so as to prevent sending equipment and instruments. Requisitions for linen must be made during the appointed time, nurses should not go to the laundry after hours or on Sundays or holidays for linen. It is essential that nurses be careful in the use of clean linen and change only that linen that is actually soiled. Note particularly when new patients have been admitted and do not change sheets next day unless it is an unusual case and requires changing linen.

"Care must also be taken in the handling of medications about the bedside so as to prevent staining and destruction of linen.

"All requisitions for extra linen from the laundry must be signed by the executive on duty in the office of the directress of nurses. Soiled binders taken to laundry and exchange.

"Clean linen for the patients, when not in use, will be kept in the linen closet provided for the purpose and no other place. Clean linen allowed daily: private patients, entire change for bed; unusual case to have more linen. Semi-Private patients and ward patients, entire change of bed twice a week. Clean drawsheet, and one large sheet, one pillow slip daily.

"A sufficient amount of linen is issued in this hospital to give every patient plenty of clean linen if care is exercised and this is the duty of every nurse in the institution."



Society for Prevention of Blindness to Meet in New York

Guided by the fact that "most blindness is preventable," all of the principal forces now engaged in the work of preventing blindness and conserving vision throughout the Continent will gather in New York City for a three-day series of conferences, November 26th to 28th, to learn from the leading authorities of America the latest developments in the study of the chief causes of blindness. This exchange of experiences and discussion will be held under auspices of the National Society for the Prevention of Blindness in the Russell Sage Foundation Building, 130 East 22nd Street. Industrial physicians, ophthalmologists, public health nurses, sight-saving class supervisors and others will participate in the conferences which will be held in connection with the fourteenth annual meeting of the society.

There will be a joint session of the American Association of Industrial Physicians and Surgeons and the National Society for the Prevention of Blindness the first day, November 26th, and a joint session

of the Society and the National Organization of Public Health Nursing the next day. Many of the 300 sight-saving class teachers and supervisors in the United States are expected to be present at another joint meeting with the Society. Explaining the reason for the nation-wide conference, Lewis H. Carris, managing director for the Society, said:

"Not only are most cases of blindness preventable, but we believe that a day is not far distant when some of the principal causes of blindness will be eradicated. This good news to mankind is not merely the echo of our hopes, but is based on the progress already made in combating blindness in organized form during the last twenty years and the various research projects which are under way at present. The annual meeting of the National Society for the Prevention of Blindness the last week in November of this year will serve as a means of recapitulation of the accomplishments in every direction of the movement for the conservation of vision and will give a broader outlook to the various workers in specialized fields of this movement.

"There are approximately 100,000 blind persons in the United States to-day and the majority of them lost their sight needlessly. We expect the amount of blindness in the United States to be materially reduced within the next generation. This is an age of preventive medicine and one of the most striking instances of the benefit of a preventive programme is that of ophthalmia neonatorum, commonly known as 'babies' sore eyes.' The use of prophylactic drops in the eyes of babies at birth is now required by law in most of the states. As a result, the number of students now entering schools for the blind who have lost their sight from this single cause is 64 per cent. less than it was twenty years ago when the use of these drops was not compulsory.

"Employers are exerting every effort to reduce industrial eye hazards because of the expense of compensation for such accidents. In the schools, special classes are being formed for children with seriously defective vision in order to conserve their remaining sight and yet enable them to receive a normal education. For children too young to enter school, eye clinics are being established to test their vision so their eyes may be guarded early enough in life to prevent serious damage. In the field of trachoma, one of the greatest world-wide causes of blindness, notable discoveries were made by Dr. Hideyo Noguchi, the Japanese scientist, before his death, on the west coast of Africa recently while engaged in research for the Rockefeller Foundation. On every side, we are making headway—the picture is truly cheering."



Meeting of Neuro Psychiatric Association

The next meeting of the Ontario Neuro Psychiatric Association will be held at the Psychiatric Hospital, Toronto, on Friday, November 16th next. There will be a business meeting between five and six o'clock, and papers, clinical demonstrations and discussions will begin at eight-thirty.

Ontario Hospital Association Convention

Toronto, October 18-19

Address of the President, Mr. R. H. Cameron

It hardly seems possible that a year has elapsed since I was elected President of this Association, and I am very sensible of the honour done me in placing me in such a signal position. This is an organization in which it is a privilege to serve—and I can foresee that in the very near future there will be heated and keen competition for the post of Presidency. It is but five short years ago that this Association first came into being—starting with a membership of forty-nine hospitals in 1924—it has, to-day, reached the remarkable total of 129 out of a possible 147 institutional members. This fact alone speaks very forcibly, indeed, of the growing enthusiasm and interest that is manifested throughout the province in the work of this Association.

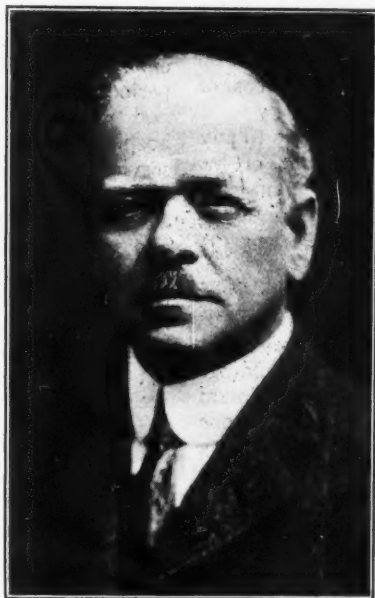
THE YEAR'S WORK

The efforts of this Association over a period of years for increased municipal and provincial allowances for the maintenance of indigent patients more commensurate with the cost of this service, brought a welcome result during the year. The Government met the request of the

Association in large part by increasing the Provincial allowance from 50c. to 60c. per diem, and the municipal allowance from \$1.50 to \$1.75 per diem. It is fully recognized that the Province and the municipalities have other important responsibilities, and the increases were intensely appreciated by the hospitals which, in every case, will be thus enabled to more readily balance their maintenance budgets, which have been seriously handicapped through the increasing cost of hospital services, and through the losses occasioned in the public wards. The withdrawal of the Provincial allowances in respect of Workmen's Compensation Board patients has not yet been made up by the Board, although it was understood by your Executive that this had been arranged between the Government and the Board. Temporarily only, we hope, will the hospitals have to assume this loss of income, which they can ill afford.

The Government did not find it possible to meet

the Association in the request that one-half of the statutory allowance for adult patients be granted in respect of infants born in hospital. It is felt that this request was substantially founded, and it is hoped that some recognition will be paid to this matter in the near future. The regulations determining residence, and the responsibility of municipalities for indigent patients of short residence, are in urgent need of amendment. At present a large proportion of patients cannot be held the responsibility of any particular municipality, and nothing is received for their maintenance, which has to be eventually charged to the patients who pay their own way. The 120-day clause results in the almost total withdrawal of the Provincial allowance in many cases where further hospitalization is essential. It is anticipated that the Government will, under suitable safeguards, increase this time limit to the benefit of the hospitals.



R. H. CAMERON, Toronto
Re-elected President, The Ontario Hospital Ass'n

PATIENTS OF MODERATE MEANS

What is the greatest problem confronting the hospitals to-day? Is it

not the provision of adequate hospital facilities for the average citizen and his family—the great middle-class of self-respecting people of moderate means? Hospital Associations everywhere are featuring this problem on their agendas, but too little is being accomplished to this highly necessary end.

For the patient of no resources, the public have provided statutory right to medical, surgical and nursing care, quite equal to that available to the wealthy. But to that great section of people who wish to be self-supporting, sickness to-day is a terrible calamity, not only because of the gravity of the illness, but also because of their inability to meet the extraordinary expenses.

Should we criticize the hospitals for charging three, four, or even five dollars a day for their service to the semi-private or private patient? I say, decidedly, "No." When one considers the multiplicity of service and expense demanded for an

efficient standardized hospital, I consider that it is only through stringent economy throughout that the costs have been kept to the present level. To my mind, the solution lies in three ways:—Firstly, the creation of adequate endowment funds to provide an annual income to be applied to the upkeep, or partial upkeep of semi-private wards. Secondly, a small further tax on the presently well citizen to assist his brother in distress. This is done in all the Western Provinces—to their credit be it said—where pauperism is not the only claim to State aid, but where there is a *PER DIEM GRANT TO EVERY BED IN EVERY HOSPITAL*. In other words, the Provinces in question say, that irrespective of what accommodation the citizen occupies in the hospital, that citizen receives aid in his time of trial from the Province, to the extent of sixty or seventy-five cents a day. While I consider the principle sound and along the lines of a solution to this pressing problem, I feel that the amount so granted should be a greater proportion of the cost of the service.

We do not require fathers of large families to pay an educational tax based on the number of his children. We demand that every taxpayer, married or single, childless, or much blessed, to contribute to our educational systems. So should it be in the great question of public health.

Thirdly, the utmost caution should be observed by Hospital Boards in the planning of new hospitals and extensions, so that the community is given what it wants and the administration is given buildings designed to operate for good service at minimum cost. To speak frankly, some hospital schemes one sees and hears of from time to time, are nothing more or less than an imposition on the public. Hospital boards too often consider themselves divinely appointed hospital planning experts, and fail to avail themselves of the practical experience and common sense of hospital administrators, who are only too willing, through this Association, to give their services to any group requiring expert advice. Through sane planning, maintenance costs can be cut by substantial percentages and budgets may be balanced, even in the face of most reasonable fee schedules. Above all, I feel that no public hospital should assume a capital debt burden, with the consequent heavy interest charges that have to be passed on to the pay patient. There is no hospital that can hope to earn more than the bare cost of maintenance, and when interest charges have to be earned (or added to the deficit), the institution is handicapped before it is opened.

ASSOCIATION OBJECTIVES

Should we not also hold as an objective that this Association will eventually be in a position to extend expert advice to our existing Hospitals and more particularly to the new hospitals and to the town or village contemplating the establishment of a hospital, as to accounting, building, equipment, lighting and personal services, etc.?

Decentralization of industry is on the horizon, good roads, adequate transportation from almost any point, telephone, telegraph, eliminating distance and above all, electrical energy where and when desired, means to my mind a gradual enlarging of

the areas where manufacturing industries may be carried on. As population follows industry it is quite possible in the near future to see many flourishing communities established by large industries, located in beautiful and healthful surroundings, supporting a population under invigorating conditions instead of in crowded cities as at present under the centralized situation of industry. These centres of population will all be able to support a hospital, small or large, according to their population. When the occasion arises, the Ontario Hospital Association must be in a position to take the leadership and to see that they are properly established.

THE HOSPITAL PAYS THE BILL FOR CARELESS DRIVING

The inevitable and growing daily series of highway and street accidents result, as is right, in the injured persons being hastened to the nearest hospital. Here, emergency and subsequent treatment is given, the period of hospitalization often extending into weeks and months. In a majority of these cases the hospitals find it almost impossible to collect for their services. I have in mind a typical case, that of a young girl admitted to a local hospital over a year ago. She was severely injured in such an accident, and required a long period of care and treatment. The cost of maintenance to the hospital was several hundreds of dollars, but not a penny of this amount has been forthcoming. The injured parties say "collect from the owner of the car." The owner says "It is not my fault." The Relief Officer will not accept responsibility for persons so injured. It is the hospital that pays the bill for speeding and careless driving. Is this fair? It is not! The man who drives or owns a car is, presumably, not a proper candidate for charity. Common humanity demands that those suffering accidents be treated, but it is not right that the hospitals should bear this heavy burden. No question of financial responsibility is even asked at the time of admittance—this statement may be challenged, if so and the reverse obtains, then it is contrary to the highest ideals of hospital service. In this connection, may I say, we must be careful that our hospitals do not become merely hard, financial business institutions, and that the fear of deficits should not override the fundamental desire to serve with which we are all imbued.

Much has been said in favour of laws which will require every automobile owner to carry accident insurance. Equity demands that this be done. Until the creation of the present Workmen's Compensation Board, the hospitals got little support in their extensive industrial accident work. This is now fairly and promptly remunerated, but the larger question of accidents, arising from automobile traffic, remains a heavy source of loss to the hospitals of the Province. I would suggest that the Legislative Committee of the Association should formulate and present to the Government a request for legislation which will provide that, when a plaintiff has been awarded damages in an action arising from an accident, the claim, or account of the hospital and surgeon, should be a lien upon the amount granted

Continued on Page 26

Highlights of the Annual Convention of the Ontario Hospital Association

By LOTUS FRENCH

One of the most successful conventions held by the Ontario Hospital Association since its inception five years ago was held on October 18th and 19th in the Academy of Medicine, Queen's Park, Toronto. The attendance was gratifyingly large and the addresses were such as to arouse the enthusiasm of every worker in the hospital field.

As well as hospital executives and trustees, representatives were there from the nurses' section and the hospital aids' section, which has just been taken into the Association this year, and all of these contributed generously to the enjoyment and instruction of the meetings.

A most entertaining programme had been arranged and the attendance at all meetings, whether business or social, and the rapt attention given to all addresses were sincere tributes to the success of the convention as a whole. A spirit of friendliness and co-operation prevailed which might well be envied by any other gathering of this kind.

The convention was opened by the President, Mr. R. H. Cameron, Toronto, who gave a most interesting and illuminating address concerning the past accomplishments and the future aims of the Association. He spoke enthusiastically of the assistance given him by the members of the Association and urged them to make the coming year a year of vaster effort and achievement.

Most interesting and instructive papers were given during the morning session by Mr. R. Fraser Armstrong, Superintendent, Kingston General Hospital, and Dr. Gordon Wilson, Provincial Department of Public Health, Toronto.

Mr. Armstrong's address, "Co-operation between the Urban Hospital and Rural District Served," was cleverly presented and keen interest was evinced in all his remarks. He spoke of the many difficulties to be encountered in this connection, suggesting possible causes and the benefit to be derived from their removal.

Dr. Wilson described "The Travelling Chest Clinic" and stressed the necessity for more examination of possible subjects of pulmonary troubles.

Dr. F. W. Routley, Honorary Secretary-Treasurer of the Association, gave the report of the executive committee and appointed a nominating committee.

At noon a luncheon was held at the King Edward Hotel, the speaker being the Hon. and Rev. H. J. Cody, M.A., D.D., LL.D., St. Paul's Church, Toronto, Chairman of the Board of Governors, University of Toronto. It would be impossible to adequately describe the delightfulness of Dr. Cody's address. He held his audience spellbound with his eloquence, imparting information which was of great value to everyone interested in hospital activities. He touched on a question which is, just now, receiving attention from many quarters—that of group nursing.

The afternoon session included the following addresses: "Extras Charged Public Ward Patients," by the Hon. Lincoln Goldie, Provincial Secretary, Ontario; "Public Health Work," by Dr. J. W. Bell, Deputy Minister of Health, Province of Ontario; "Economical Practices in Hospital Construction," by Mr. James Govan, Member of Royal Architectural Institute of Canada, Consulting Architect, Toronto; "The Financing of a Hospital in a Small City," by Mr. A. K. Bunnell, Trustee, General Hospital, Brantford, Ont.

A demonstration, entitled "A Nursing Visit," was most interestingly given by Miss Alice Ahern, Assistant Superintendent of Nursing, Metropolitan Life Insurance Company, Ottawa, Ont.

In his address, Mr. Govan astonished his listeners by his information regarding the fire resistancy of frame construction when properly treated for this purpose. He showed slides illustrating tests which had been made and the results were amazing. Considering the very important fact that frame construction is so very much less expensive than the accepted brick and steel so-called "fireproof" construction which is now being so generally used, this address was especially instructive.

The afternoon session closed with general business.

The annual dinner was held at the King Edward Hotel, the chairman being Dr. John Ferguson, Governor of the Toronto Western Hospital and Chairman of the Board of Trustees of the Ontario Hospital Association. The speakers were Dr. Malcolm MacEachern, Director of Hospital Activities, American College of Surgeons, Chicago, and Dr. G. Harvey Agnew, Secretary, Dept. Hospital Service, Canadian Medical Association.

In the field of hospital work, Dr. MacEachern is well known and he requires little eulogy. His address was, as might be expected, fluent, informative, interesting and enjoyable. It was entitled "A Forecast—the Hospital of the Future." He spoke for over an hour and had the attention of his audience just as firmly at the conclusion as at the beginning of his paper. He divided the first section of his address in four major parts, although he added a fifth. They were: Right care of patients; education, both of the nurse and the resident medical student; research work; and preservation and promotion of health. The added subject matter was that the country should be prepared to teach hospital executives and personnel, that there should be a university course for hospital executives after which they could acquire practical experience in the hospital.

All phases of hospital activities were touched upon by Dr. MacEachern and he generously gave of his wide experience any information which might be of interest and benefit to the Association. That his remarks were appreciated was evidenced by the pro-



DR. F. W. ROUTLEY
Hon. Secretary-Treasurer, The Ontario Hospital Association.

longed applause which rang through the room as he concluded.

Dr. Agnew spoke on "The Hospital Department of the Canadian Medical Association, in Relation to Hospital Associations" and explained that the function of the new department was to take knowledge from one hospital to another, to pool their experiences. Already they had received over four hundred requests for help in the short time since the department had been formed. He spoke of some of the conditions he had found in his travels from one end of Canada to the other and the assistance he hoped his department would be able to give in the future.

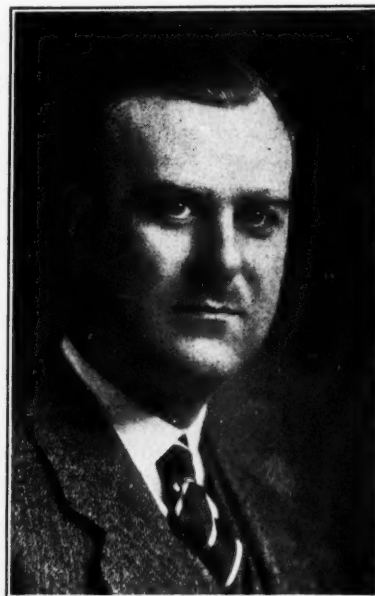
A round table discussion followed the dinner at the conclusion of a most interesting day.

The morning session of the concluding day opened with the election of officers for the coming year. They are as follows: Honorary Presidents, Col. Wm. Gartshore, London; Major G. G. Moncrieff, Petrolia; President, R. H. Cameron, Esq., Toronto; First Vice-President, Hugh Nickle, Esq., Kingston; Second Vice-President, Dr. H. R. Casgrain, Windsor; Hon. Secretary-Treasurer, Dr. F. W. Routley. Directors: Mr. R. Fraser Armstrong, Kingston; Dr. J. N. E. Brown, Toronto; Mr. H. H. Browne, Fort William; Dr. G. G. Clegg, London; Dr. W. J. Dobbie, Weston; Miss G. M. Fairley, London; Dr. John Ferguson, Toronto; Mr. A. C. Galbraith, Toronto; Dr. J. H. Holbrook, Hamilton; Dr. W. F. Langrill, Hamilton; Miss McKee, Brantford; Mr. T. J. Maher, Perth; General C. M. Nelles, Niagara-on-the-Lake; Mr.

F. D. Reville, Brantford; Miss F. C. Ritchie, Petrolia; Dr. D. M. Robertson, Ottawa; Mr. H. Tannahill, Belleville; Mr. David Williams, Collingwood.

The rest of the morning was taken up with a round table conference on the following subjects:

1. Is it economically sound to charge the cost of nurse education to the patient? Discussion opened by Miss B. L. Ellis, Supt. of Nurses, Toronto Western Hospital, Toronto, Ont.
2. The value of Occupational Therapy in average sized hospitals. Discussion opened by Dr. Goldwin Howland, Consulting Neurologist, Toronto, Ontario.
3. What are the requirements in a small hospital for physiotherapy? Discussion opened by Dr. Walters, Superintendent, Kitchener-Waterloo Hospital, Kitchener, Ontario.
4. Is a survey of a hospital by an outside Consultant desirable? Discussion opened by Dr. G. G. Clegg, Superintendent, Victoria Hospital, London, Ontario.
5. Should nurses take oral orders from physicians? Discussion opened by Miss Jean Gunn, Superintendent of Nurses, Toronto General Hospital, Toronto, Ontario.
6. How is a 50-bed hospital standardized, the medical staff appointed, or arranged? Discussion opened by Dr. G. Harvey Agnew, Secretary, Hospital Department, Canadian Medical Association.
7. Should a hospital publish an annual report, including a full financial statement? Discussion



MAJOR A. C. GALBRAITH
Superintendent the Toronto Western Hospital, and
Chairman of the Publicity Committee of the
Ontario Hospital Association.

opened by Mr. David Williams, President, General Hospital, Collingwood, Ontario.

8. How can confusion in the acceptance and assignment of room reservations be prevented? Discussion opened by Miss Gertrude Potts, Secretary, General Hospital, Brantford, Ontario.

9. What employees of the hospital should be bonded, and in what amounts? Discussion opened by Mr. Charles S. Eddis, F.C.A., Auditor, Toronto Western Hospital, Toronto, Ontario.

10. What should be the hospital's policy about disclosing information contained in a patient's clinical record? Discussion opened by Mr. A. C. Galbraith, Superintendent, Toronto Western Hospital, Toronto, Ontario.

11. Is there an advantage in special subjects being taught to high school pupils who contemplate training for nurses? Discussion opened by Mr. J. H. Cowan, Chairman, Galt Hospital Trust, Galt, Ontario.

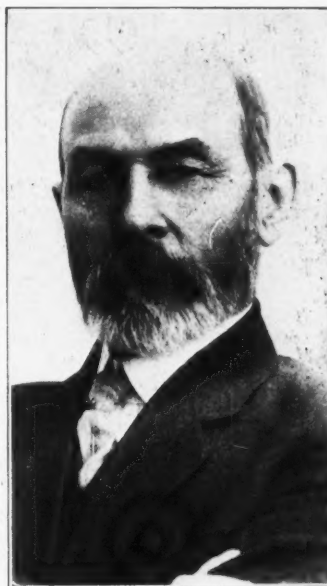
The business of the convention concluded with the reports of the following sections of the Association:

1. The Trustees' Section—Chairman, Dr. John Ferguson.

2. Nurses' Section—Acting Chairman, Miss G. M. Fairley.

3. United Hospital Aids Section—Miss Mary Colter, "Various Phases of Hospital Aid Work."

At noon a complimentary luncheon was tendered the delegates by the Board of Governors of the



DR. JOHN FERGUSSON
Governor of Toronto Western Hospital, and Chairman
of the Board of Trustees of the Ontario
Hospital Association



DR. G. HARVEY AGNEW, Toronto
Secretary, Hospital Division of the Canadian
Medical Association, who addressed the
Ontario Hospital Association at
their Annual Dinner, King
Edward Hotel, Toronto.

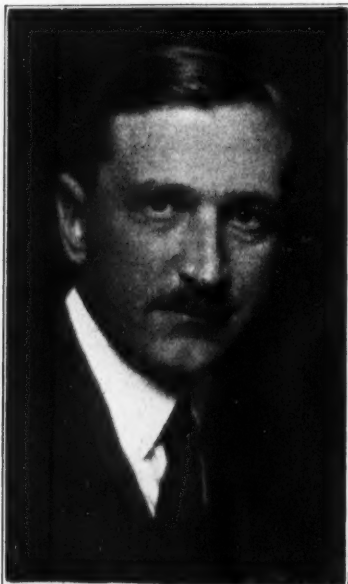
Toronto General Hospital. Mr. Decker, Superintendent, presided, and a delicious luncheon was thoroughly enjoyed. Miss Gunn, Superintendent of Nurses, received the ladies and gave a short address of welcome.

In the afternoon cars conveyed the delegates to Thistletown, where the Board of Governors of the Hospital for Sick Children, Toronto, had invited them to pay a visit to the country hospital where the chronic patients are being cared for in the magnificent new hospital there. Guides conducted them through the new building and the little patients were visited. Mr. Bower, Superintendent of the new hospital very kindly pointed out the points of especial interest and explained the internal workings of the institution.

Tea was served and very much appreciated after a cold, wet drive and was an enjoyable social function.

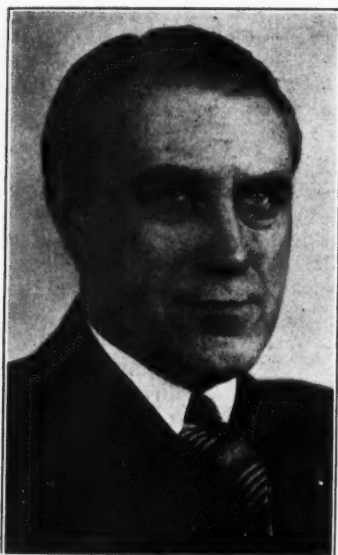
Just at dusk the cars left Thistletown, some conveying delegates to their trains and some to their homes in or near Toronto. Thus ended, as we stated at the beginning, one of the most successful conventions ever held by the Ontario Hospital Association.

LONDON, ONT.—Lt.-Col. W. C. M. Marriott is the new district administrator of the soldiers' hospital at London. Colonel Marriott was formerly on the headquarters staff in Ottawa, but has been transferred to London to succeed Dr. Alexander, who was retired some years ago.



C. J. DECKER

Superintendent, Toronto General Hospital, who presided at a complimentary luncheon in the hospital to delegates of the Ontario Hospital Association.



DR. M. T. MacEACHERN

Director of Hospital Activities, American College of Surgeons, who addressed the Ontario Hospital Association at their Annual Dinner, King Edward Hotel, Toronto.

Ambulance Donated to Little Patients

A magnificent new Studebaker ambulance has been donated to the Hospital for Sick Children, Toronto. The ambulance has been specifically designed for use in transporting the children between the main hospital on College Street and the new country home at Thistletown.

It has accommodation for two stretcher patients and five sitting-up patients at one time, or eight sitting-up patients with attendants. It is equipped with an electric fan which changes the air every half minute, electric lights, electric heater, and locker for carrying emergency medical supplies.

Unbreakable glass is used where glass of any sort is required, so that the little patients are safeguarded from this source of danger.

New Service Suggested for Nurses

Owing to the greatly increased number of road accidents due to motor cars, a movement is on foot in Scotland to train nurses specially for the work of giving first aid. In several instances there have been serious delays in giving the proper treatment to persons hurt in automobile accidents.

It is proposed to use the service of nurses who have been in training for war-time duties. Dr. Matheson, of Kincardinshire, who originated the plan, points out that war is a remote possibility, and says that vigorous efforts should be made to deflect the training and experience of many capable nurses to the new service.

The movement has also received the support of Lady Aberdeen.

Dr. J. M. Cruikshank's New Post

The British Government has appointed J. M. Cruikshank, M.D., C.M., L.M.C.C., of Saint John, N.B., as medical officer in charge of medicine and surgery in the British Government Hospital at Nassau, Bahamas.

Dr. Cruikshank is a graduate of McGill University and after spending a year's internship became a member of the California Medical Association. For the past two years he has been second in charge of the surgery services at the Community Hospital at San Mateo, California.

Prepare for Administrative Positions

Although the enrolment in the course inaugurated at the University of Toronto to prepare graduate nurses for teaching and administrative positions in hospitals was to have been limited to twenty, twenty-one have already been accepted. Students have come from all sections of the Province.

Lectures will be taken at the University but clinics and practice teaching will be carried out in the hospitals. The course is under the direction of the Department of University Extension, working in co-operation with the Department of Public Health Nursing. Miss Gladys Hiscock has been appointed supervisor of the course.

Short Courses in Home Nursing and Economics Held at Antigonish, N.S.

An active interest in the social and religious welfare of eastern Nova Scotia has crystallized into the formation of a Social Welfare Conference, which is held annually in Antigonish, N.S., by the Bishop and clergy of the Diocese. In these conferences various problems, both social and religious, are freely discussed, with a view to creating a better and more progressive spirit amongst the people.

These discussions have resulted in forward movements of great possibilities, not the least amongst them being the conducting of short courses in Home Nursing and Home Economics by the Sisters of the Congregation of St. Martha, a diocesan community who conduct hospitals, schools of nursing and other works for the educational and social welfare of the people. The Sisters carried their own equipment, which was provided by the Diocesan branch of the Catholic Women's League, and gave interesting lectures and practical demonstrations in various centres throughout eastern Nova Scotia in Home Nursing, including first aid, bedside nursing, feeding and care of infants and children. The lectures and demonstrations in Home Economics covered the purchasing, preparing and cooking of foods, as well as explaining their relative values, menu-planning, diets for children and adults, the sterilization and canning of fruits and vegetables, household management, methods of work, care of the home, laundry and other practical subjects.

The courses were well attended by large numbers of enthusiastic women and girls, who welcomed the opportunity of having this vital form of education brought to their doors.

This new phase of activity has been hailed by the daily press as a step towards prosperity and progress, and the venture, though yet in its infancy, promises to become far-reaching in its effects. And why? Because the home is the cradle of the nation. If homes are well kept, if they are made to look as neat and attractive as possible, if meals are economically prepared, properly balanced and daintily served, a happy, home-loving, patriotic spirit will be created therein, and this will inevitably result in the prosperity of the nation.

Sister M. Elizabeth, dietitian of St. Joseph's Hospital, Glace Bay, N.S., Sister M. Clement, dietitian of St. Francis Xavier's College, Antigonish, N.S., and Sister M. Beatrice, Bethany, Antigonish, N.S., comprised the staff of teachers. In addition to their training in hospital work these Sisters bear certificates from McDonald College, Guelph, Ont., and other leading schools of Home Economics, where they have qualified for this special work.

HAMILTON, ONT.—An important gathering took place in Hamilton on October 23rd and 24th, when the Ontario United Hospital Aids Association met. The auxiliary of the General Hospital, Hamilton, acted as hosts, and the president and secretary of this auxiliary are president and secretary-treasurer of the Ontario United Aids for the following year.

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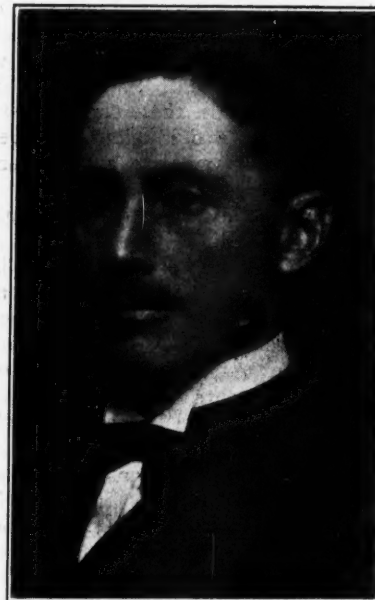
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New Edition of "The Patient and the Diet"

"The Patient and the Diet" revised, enlarged and in a unique form has just come off the press," announces Dr. Frank E. Rice, executive secretary of the Evaporated Milk Association.

The first edition of "The Patient and the Diet" met with such a favourable reception by the hospitals that it soon became exhausted. In planning the new one, in an effort to make the booklet as useful as possible, a questionnaire was sent to several hundred representative hospitals asking for a vote as to the form of pamphlet preferred. There were more replies favouring the 8½ x 11 in. size than any other. It is printed in this page size. Provision has been made, however, for those who prefer the 5½ x 8½ in. size.

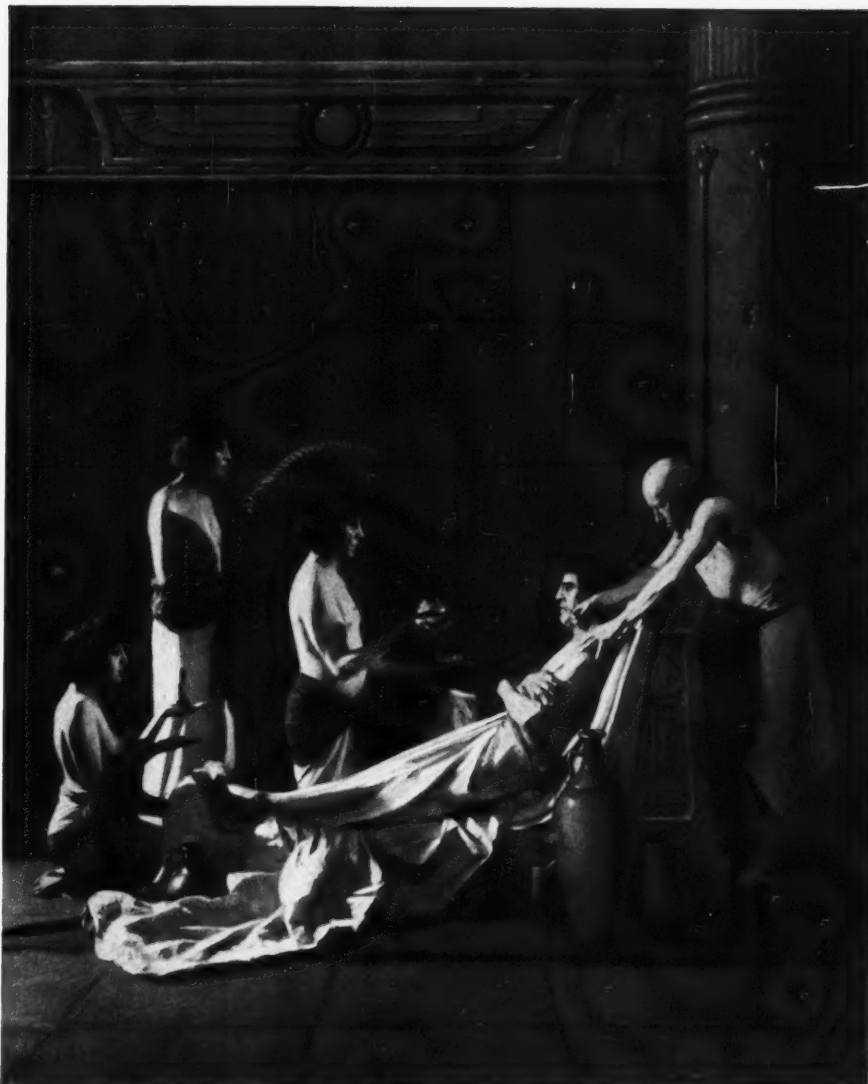
"The Patient and the Diet" is especially designed to help the dietitian in preparing adequate and appealing meals for the sick and convalescent. It contains twelve typical hospital diets grouped under light convalescent diets, medium convalescent diets, full convalescent diets and normal house diets. Recipes for all foods in the diets are given in detail.

In the new edition the carbohydrates, proteins, fats and caloric value for the various foods are given. These figures will prove useful in planning diets for the diabetic and others.

* * *

HANNA, ALTA.—The Municipal Hospital, Hanna, has had new X-ray equipment installed, and Mr. Greenwood is to be in charge of the new department.

Please refer to THE CANADIAN HOSPITAL when writing



SURGEONS of ancient Egypt were well advanced in knowledge of anatomy and wound treatment. The Edwin Smith Papyrus, though written nearly four thousand years ago and constituting the oldest medical work in existence, describes methods and appliances surprisingly modern. The cautery was known but seldom used. Wounds were approximated with adhesive plaster made from strips of linen and were closed with sutures.

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GERMICIDAL. Exerts a bactericidal action in the suture tract. Supersedes the older unstable iodized sutures. Impregnated with the double iodine compound, potassium-mercuric-iodide.† Heat sterilized.



The boilable grade is unusually flexible for boilable catgut; the non-boilable grade is extremely flexible.

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BOILABLE*	NON-BOILABLE
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1205.....PLAIN CATGUT.....	1405.....
1225.....10-DAY CHROMIC.....	1425.....
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Sizes: 000 . 00 . 0 . 1 . 2 . 3 . 4

Approximately 60 inches in each tube

Package of 12 tubes of a size . . . \$3.00
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ASEPTIC. Sterilized by heat after the tubes are sealed. Boilable.* Unusually flexible for boilable catgut.

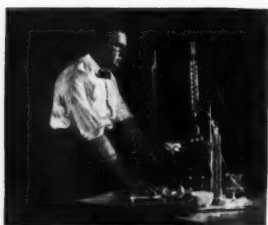


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105.....	PLAIN CATGUT
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FOR GASTRO-INTESTINAL suturing and for all membranes where minimized suture trauma is desirable. Integrally affixed to 20-day Kalmerid catgut. Boilable.*

Experimental evidence has proven 20-day chromic catgut the most suitable for gastro-intestinal suturing. It has been found that gastric wounds are fully healed within 12 days, and intestinal wounds at 16 days. At these periods the 20-day catgut (regardless of size) still retains, respectively, 60 per cent and 30 per cent of its initial strength.

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1341..STRAIGHT NEEDLE.....	28.....	\$3.00
1342..TWO STRAIGHT NEEDLES...	36.....	3.60
1343..3/8-CIRCLE NEEDLE.....	28.....	3.60
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Less 20% discount on one gross or more

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Packages of 12 tubes of one kind and size

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GERMICIDAL, being impregnated with potassium-mercuric-iodide.† Chromicized to resist absorption in fascia or in tendon for approximately thirty days. The non-boilable grade is extremely flexible.



NO.	
370.....	NON-BOILABLE GRADE
380.....	*BOILABLE GRADE

Sizes: 0 . 2 . 4 . 6 . 8 . 16 . 24

Each tube contains one tendon

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350..CELLULOID-LINEN.....	60.....	000, 00, 0
360..HORSEHAIR.....	168.....	00
390..WHITE SILKWORM GUT..	84.....	00, 0, 1
400..BLACK SILKWORM GUT..	84.....	00, 0, 1
450..WHITE TWISTED SILK....	60.....	000 TO 3
460..BLACK TWISTED SILK....	60.....	000, 0, 2
480..WHITE BRAIDED SILK....	60.....	00, 0, 2, 4
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812..10-DAY KALMERID "	..20..00, 0, 1, 2, 3	
822..20-DAY KALMERID "	..20..00, 0, 1, 2, 3	
862..HORSEHAIR	56.....	00
872..WHITE SILKWORM GUT...	28.....	0
882..WHITE TWISTED SILK....	20.....	000, 0, 2
892..UMBILICAL TAPE.....	24...1/8-IN. WIDE	

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914..10-DAY KALMERID "	..20..00, 0, 1, 2, 3	
924..20-DAY KALMERID "	..20..00, 0, 1, 2, 3	
964..HORSEHAIR	56.....	00
974..WHITE SILKWORM GUT...	28.....	0
984..WHITE TWISTED SILK....	20.....	000, 0, 2

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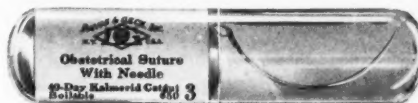
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FOR immediate repair of perineal lacerations. A 28-inch suture of 40-day Kalmerid germicidal catgut, size 3, threaded on a large full-curved needle. Boilable.*



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A 28-INCH suture of Kalmerid germicidal catgut, plain, size 00, threaded on a small full-curved needle. Boilable.*



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Universal Suture Sizes

All sutures are gauged by the standard catgut sizes as here shown

000	4
00	6
0	8
1	16
2	24
3	

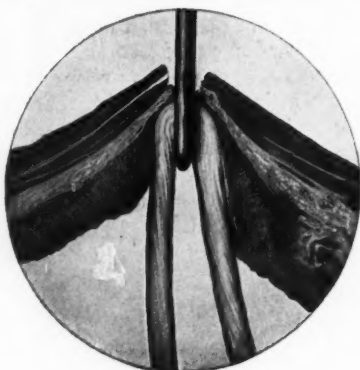
*These tubes not only may be boiled but even may be autoclaved up to 30 pounds pressure, any number of times, without impairment of the sutures.

†Potassium-mercuric-iodide is the ideal bactericide for the preparation of germicidal sutures. It has a phenol coefficient of at least 1100; it is not precipitated by serum or other proteins; it is chemically stable—unlike iodine it does not break down under light and heat; it interferes in no way with the absorption of the sutures, and in the proportions used is free from irritating action on tissues.

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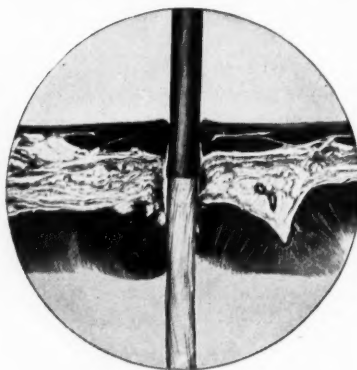
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Photomicrograph of ordinary intestinal needle penetrating the stomach wall. Note excessive trauma produced by the doubled catgut.



ATRAUMATIC NEEDLE

Photomicrograph prepared under identical conditions, of the D&G Atraumatic Needle with suture attached. Note minimized trauma.

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In Canada are established four direct factory offices, located in Vancouver, Winnipeg, Toronto and Montreal. Experienced men from these offices are stationed at different places from coast to coast, making a complete network throughout the country. These men have all received training at the factory and so are enabled to give first class service on equipment, technic, etc., which any customer may require.

The four stations in Canada are but a part of a chain of from thirty-five to forty located in Canada, United States and Mexico. As there are agents in almost all of the foreign countries as well, a user of Victor equipment may be sure of standard service no matter to what part of the world he moves.

The educational department of this large corporation is regularly conducting classes in X-ray and physical therapy. Special classrooms in the Chicago factory are devoted to these classes, the dates of which are announced beforehand. In this regard, they claim to be the first company to inaugurate this system of class teaching.

The classes are conducted and supervised by Professor Jerman, who has been sent to many foreign countries to discover in what way X-ray could be improved, and thus the best knowledge that the world has to offer is at the disposal of those who wish to benefit by the classes.

The X-ray course is intended to teach physicians and their technicians the fundamentals or principles of X-ray technic rather than a set technic. When one knows the principles that govern the producing of a good routine diagnostic film, he is in a position to get the most out of his machine and will be qualified to handle that ever varying factor, the patient. He can lay out his own problem to fit the particular case at hand and produce the best film under the existing circumstances, whether it be a small child, who will not hold still, or a very heavy individual who will hold still as long as necessary. When an excellent result is once obtained, it can be repeatedly duplicated.

By working this way, it allows him to do his own thinking, consequently gives him the opportunity to grow with experience. It enables the student to work out any technic to its limit within a reasonably short time.

The Physical Therapy Course confines itself to a specific branch of technic incident to the application of the various forms of galvanic, sinusoidal and high frequency currents; heat radiations and ultra-violet

Continued on Page 36

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Only the FINNELL can meet this hospital's standard of floor cleanliness

HAND scrubbing or mopping methods were not considered in the Homeopathic Hospital of Essex County, East Orange, New Jersey. The work could not be done well enough to meet the standards of this modern, well managed institution.

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The total area scrubbed is about 8,000 sq. ft. (lobby and corridors) weekly, and 1,375 sq. ft. daily. The average area scrubbed in a 3-hour period is slightly over 2,700 sq. ft., at a labor cost of 9 cents per 100 sq. ft. This figure includes the time spent in moving the equipment from floor to floor. The total labor cost of scrubbing is approximately \$720 a year.

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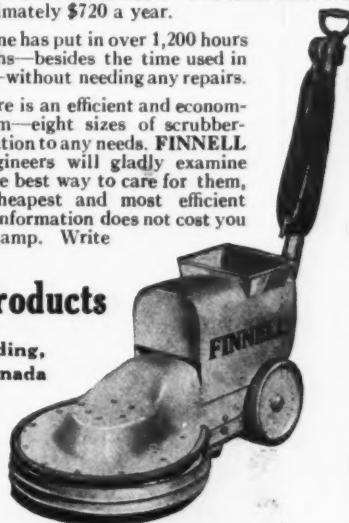
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Pictou Hospital Now Enabled to Give Wider Public Service

From one room in a private dwelling in 1893 to the modern and well equipped institution known as the Sutherland Memorial Hospital indicates the strides made in hospital work in Pictou, N.S., during the last thirty-five years. In 1893 accommodation was secured in a private home and hospital work was carried on there for some time.

Later the marine building was obtained, the Board undertaking the care of sailors as well as the regular patients. At the annual meeting in 1903 it was decided to take steps towards obtaining a suitable hospital building, and three years later Pictou Cottage Hospital was opened.

Before many years, however, it was recognized that the new building did not meet all requirements, and again the thoughts of the Board, and of the citizens, were turned towards the erection of a larger and more up-to-date institution. When plans were well under way, the outbreak of war put a stop to the proceedings. Later the need became imperative and more than a year ago it was decided to proceed with the construction of a new hospital. Ex-Mayor Daniel Sutherland not only donated sums to the amount of \$24,600, but assumed daily supervision of the work as well, and in appreciation of his help the Board named the new institution "Sutherland Memorial Hospital."

The building was constructed at an approximate cost of \$60,000 and was formally opened in June, 1928, by Dr. John Stewart, Halifax.

The hospital is beautifully situated on the site

of the old Marine Hospital on Beaches Road, from which situation a splendid view of Pictou Harbour is obtained which will tend towards restfulness and peace of mind.

A solid, fireproof building consisting of cellar and three storeys, is conveniently divided into a nurses' home in the east end, administration section in the centre and patients in the west end.

The hospital is equipped at present for fourteen patients but there is ample room for twenty beds should they be required. There is also room on the first floor for a four-bed maternity section, consisting of nursery, case room, utility, bathroom, semi-private room and two private rooms. This is not fitted up at present but may be in the near future.

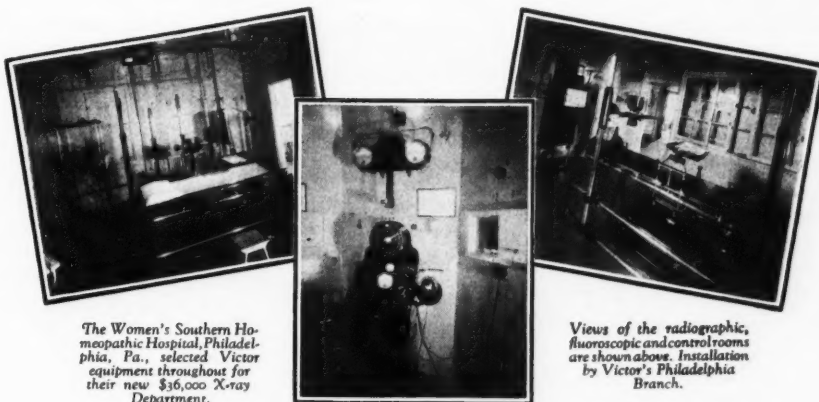
The nurses' home will accommodate six or seven nurses and two or three maids. It has a large living room with fireplace, sewing room, dining room and pantry.

There is an electric elevator which runs from cellar to third floor. There is a large kitchen on the first floor. This has an electric Frigidaire, electric stove, and is modern in every way. A large general servery and dumb waiter is off the kitchen.

The operating room section, which is on the third floor, is up to date in every respect. It consists of five rooms: Work room or anaesthetic room, sterilizing room with five electric sterilizers, and operating room. It has eleven high-powered lights in the ceiling, emergency call switch, switch for summer

Continued on Page 29





The Women's Southern Homeopathic Hospital, Philadelphia, Pa., selected Victor equipment throughout for their new \$36,000 X-ray Department.

Views of the radiographic, fluoroscopic and control rooms are shown above. Installation by Victor's Philadelphia Branch.

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Ontario Hospital Association Convention— Address of the President

Continued from Page 12

in the verdict. The amount of damages is usually arrived at by the judge taking into consideration the expenses of the surgical and hospital treatment, loss of time, pain and suffering. The first of these being the most important and frequently the only one that is not paid.

UNIFORM ACCOUNTING METHODS

The per capita cost varies greatly in many of our hospitals. Some show a cost almost double that of others. So great is the difference that one wonders if the bookkeeping and accounting systems are not in many cases inadequate. To arrive at a true per capita cost for purposes of comparison, a standard system of accounting should be adopted (even made compulsory). Some hospitals show such a large cost that the question arises is the existence of such a hospital justified?

THE CANADIAN MEDICAL SERVICE—HOSPITAL RELATIONS

Too much credit cannot be given to the Sun Life Assurance Co. in the splendid support extended to the hospitals of the Dominion through the Canadian Medical Association in the creation of a Department of Hospital Relations under Dr. G. Harvey Agnew, of Toronto.

This is a decidedly new development which, to the best of my knowledge, has no precedent elsewhere, and which is already fulfilling an important function in the co-relation of hospitals and hospital associations throughout Canada.

In the brief time of his appointment, Doctor Agnew has visited a majority of the hospitals from coast to coast, and, as was anticipated, found this field open and anxious for information as to the construction and management of hospitals. He has been flooded with requests for technical information on every subject, and in one single detail of construction has saved useless expense more than equaling the cost of his department for a year.

Doctor Agnew will tell us to-night something of his activities in this field, and on behalf of the Ontario Hospital Association I take this opportunity of assuring him of our utmost support in his important work.

CONDITIONS OF EMPLOYMENT IN HOSPITALS

Editorial comment in a local paper after the last Convention of this Association read in part: "It is apparent that the Ontario Hospital Association is not a mutual admiration society." I pray heaven it never will be, in the sense that we will not avoid facing our problems fairly and squarely. There is one matter that I feel should be well considered by our hospitals, and that is the wages paid to hospital employees in certain departments. I know of married men with dependent children receiving such a small wage that it is difficult to provide food, shelter and clothing for their families, and in many cases is only made possible by the wife going out to work, in which case the children consequently suffer. This condition is one that should not be tolerated in any

institution, even where a deficit must be faced. The City of Toronto, under the splendid leadership of Dr. Hastings, maintains a most efficient Health Department, known the world over, and is looked upon as a model in organized public health work. The Department not only advocates, but demands a minimum standard of living, a sufficiency of nourishing food to the growing children, and expectant mother, to the end that they may be vigorous and strong citizens, less likely to become public charges, than if this standard were not maintained. The City Council, endorsing this attitude, pay a minimum wage of 60 cents per hour, believing that this standard cannot be maintained at a smaller wage. The hospitals are monuments to philanthropy and generosity, are leaders in preventive medicine and charity. How can any hospital board reconcile the living conditions that are inevitable under certain wage scales? Let us look closely into this matter and correct it forthwith.

GROUP INSURANCE

If hospital boards do not interest themselves in the welfare of their employees, who should? I am glad to see that an increasing number of hospitals are placing the obvious benefits of group insurance at low cost to their employees, who are taking advantage of this to a man. I am not an insurance man in any degree, but I feel that the institutions that are as far-seeing as those that I have in mind, are doing the right thing by their employees, and are a credit to this Association.

ANNUITY INSURANCE FOR HOSPITAL EXECUTIVES

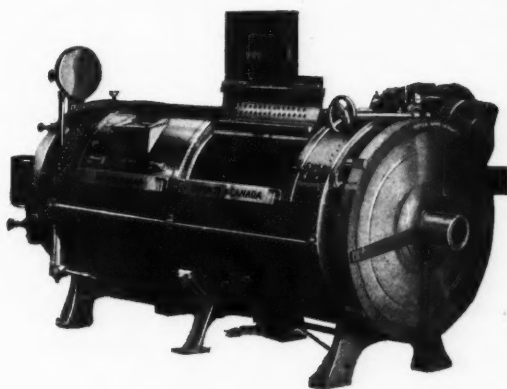
The men and women who are serving our hospitals in executive capacities should be considered by their Boards as more than salaried employees. I think I am not mistaken in saying that efficient hospital and nursing administrators have a vocation, and not a job, and that the salaries are secondary in their outlook on their work. In commenting upon the subject of old age pensions, Dr. Pritchett of the Carnegie Foundation says: "It is fair to say that the old age pension has been accepted in all the more advanced European nations for all callings demanding special preparations of a high order, but which, nevertheless, offer moderate salaries. The security of the old age pension is considered counter-attraction to the opportunity for money-making in other callings, and a means also of holding in government service—military service—in the service of teaching—large groups of men who are willing to accept moderate life compensation when coupled with a reasonable protection in old age." It is hoped that the governing bodies of our hospitals will not overlook the great need for the creation of some form of a contributing pension scheme in their hospitals.

I want to devote a few moments in which to thank those specially responsible for the work the Association has done this past year. First and foremost I would pay tribute to Major G. G. Moncrieff, hon. president, whose guiding hand can always be felt throughout our undertakings. It is a matter of great satisfaction to us all that the major's health is

Continued on Page 28

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Continued from Page 26

now in part measure restored to him, and that he is again able to take some share in our affairs.

Colonel Gartshore too, also as hon. president, has the welfare of this organization at heart, and his good works on behalf of the Victoria Hospital, London, will always remain as testimony to his practical and generous assistance to suffering humanity.

Dr. John Ferguson, chairman of the Legislative Committee, is as you all know the inspiration of that particular section, and he and his colleagues deserve our whole-hearted thanks and gratitude for their untiring efforts in the direction of better legislation for our hospitals.

Mr. Fraser Armstrong, superintendent of the General Hospital, Kingston, and chairman of the Membership Committee has also been a very active member of the Executive Committee, and has taken a very keen interest in the growth and development of our institutional membership. We must certainly offer him, and the members of his Committee, congratulations on the remarkable success achieved this year.

Major Galbraith, superintendent of the Western Hospital, and chairman of the Publicity Committee, is also an untiring and enthusiastic worker for our cause. Throughout the year he has been at our disposal whenever we have had need to call upon his services. He has given us generously of his time and labour in many matters pertaining to the welfare of this organization, and especially in regard to the arrangements for this Convention.

Dr. J. N. E. Brown, a member of the Publicity and Programme Committee, has also been an energetic worker for our cause, and a real “live wire” at the Committee meetings.

Dr. J. H. Holbrook, superintendent of the Mountain Sanatorium, Hamilton, and chairman of the Programme Committee, who, owing to his European tour with the Canadian Tuberculosis Association, is unable to be with us this year, was able before leaving to give us valuable hints and suggestions towards the formation of our 1928 programme. We wish Dr. Holbrook and his colleagues a safe return, and we are sure they will bring back with them valuable knowledge and added skill for the relief of sufferers in our sanatoria.

Our hon. secretary-treasurer here, Dr. Fred Routley, will shortly be called upon to render an account of himself, but lest he fails to acquit himself adequately in your eyes, I would say without in any way over-estimating his services to this organization that he is certainly the whole axis on which this Association turns. His resources of energy are unlimited. He is, as you know, a very busy man. His Red Cross work entails long days and often nights of hard work and travel, but no matter how pressed he may be for time—or how tired he may feel—he is never too busy nor too tired to devote himself to any work the Association requires. No detail is too small—or too unimportant to warrant his whole attention. He puts into our work his unequalled enthusiasm and energy and gives us the full benefit of his exceptional

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ability and experience. Dr. Routley is certainly the big foundation stone in this concern and we are, indeed, fortunate in having had his help and advice throughout the whole five years in which this Association has slowly but surely been growing up.

We are also indebted again to Miss E. McLean, superintendent of the Orthopedic Hospital, and Mr. George Reid, secretary to the National Sanatorium Association, for kindly auditing our accounts. When I say that this duty took them but one short hour, I do not wish in any way to belittle this service, but just to pay a small word of tribute to our assistant secretary, Miss Dorothy Dart for the very efficient manner in which these were presented. We are very fortunate indeed in our assistant secretary, Miss Dart. She is most enthusiastic in the work and has been indefatigable in her efforts to reach our objective of 100 per cent. membership. She is very ambitious for the success of the Association and is untiring in her efforts to that end.

In conclusion, I wish to thank you for your attendance and I trust you will enjoy the papers to be read, and the programme, and go home feeling you are well repaid for the two days spent at this Convention, and that you will be strengthened and further inspired in your laudable efforts of providing relief for suffering humanity.

Continued from Page 24

electric radiator and is equipped with the most up-to-date universal table. There is a doctor's wash-up room, large knee-action sink and doctors' dressing room.

The cellar consists of six rooms and furnace room.

There is a large incinerator which is of great value to a hospital.

The first floor, at present, consists of X-ray room, record and developing rooms, supply room, patients' locker room and public waiting room. All except the public waiting room may be removed to basement when the first floor is required for maternity section.

The second floor consists of one semi-private room, two private rooms, one public ward of four beds (female), superintendent's office, nurses' station, servery, utility room, and large sun porch.

The third floor consists of the operating room section, two private rooms, one public ward of four beds (male), public bathroom, servery, utility room and large sun porch.

Each floor has a large medicine cupboard, linen cupboard and broom cupboard.

All private rooms, semi-private and female public wards have toilet and washbasin off room.

Each room has a bedside cabinet containing all utensils necessary for that patient's use. This allows all patients, public and private, to have his or her own utensils during their stay in the hospital.

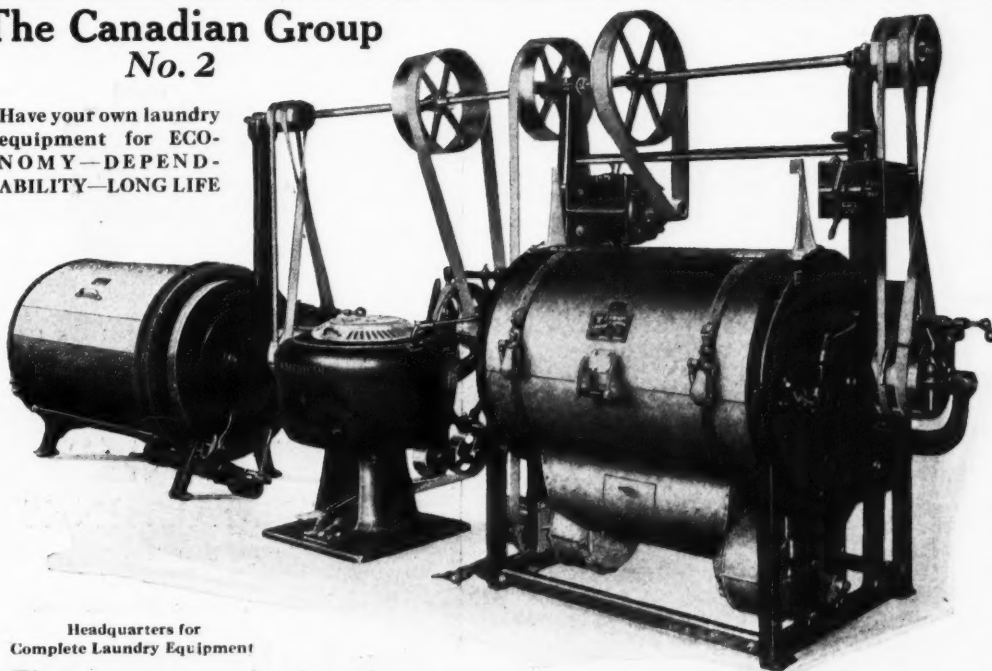
All private and semi-private rooms are fitted out in a colour scheme with walnut furniture. This gives a more homelike appearance.

There is a silent electric call system throughout and night lights at each bed. There is also a private telephone system throughout the hospital for nurses' use.

The Hospital Aid Society and Junior Auxiliary are two organizations that give valuable financial aid to the hospital.

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News of Hospitals and Staffs

*A Condensed Monthly Summary of Hospital Activities,
and Personal News of Hospital Workers.*

*Editor's Note: Contributions of items for publication in this department will be gladly received.
Please address, The Canadian Hospital, 454 King Street West, Toronto.*

ARCOLA, SASK.—Miss Jean M. Campbell, of Winnipeg, has been appointed as matron at the new Brock Union Hospital. Miss Campbell is a graduate of the Royal Alexandra Hospital of Paisley, Scotland. She came to Canada and took a post-graduate course in obstetrics at the Winnipeg General Hospital. She has been matron of the Indian Head Union Hospital for over five years.

BROCKVILLE, ONT.—Mr. J. J. Kiernan, bursar of the Ontario Hospital, Brockville, for the past six years, has been transferred to the Provincial Institution at Whitby. He is succeeded by Mr. J. Milton Short, who has been bursar at Whitby for eight years.

EDMONTON, ALTA.—The following changes are being made at the Royal Alexandra Hospital, Edmonton: Miss Collins and Miss Clarke, chief technicians in the X-ray department, have accepted positions in New Zealand and are to vacate their posts on December 1st. In the case of Miss Clarke the vacancy will be filled by Miss Lawton-Paige, formerly of Guy's Hospital, London, England. The other position will be filled by promotion.

EDMONTON, ALTA.—Appointment of Miss Annie Lawrie, instructress at the Royal Alexandra since January 1st, 1926, to the position of assistant to Miss Munroe, lady superintendent, has been confirmed and the work of instructress is to be undertaken by Miss Ruth Walden, who has taken a course in teacher training at Columbia University.

EDMONTON, ALTA.—Appointment of Mr. W. B. Milne, as secretary to the Department of Health and Supervisor of Hospitals under the Department, has been announced by Hon. George Hoadley, Minister of Health. The appointment of Supervisor of Hospitals is in succession to Mr. A. K. Whiston, who resigned on July 1st, and the post of secretary to the Department is a new departure and an expansion of the activities of the supervisor.

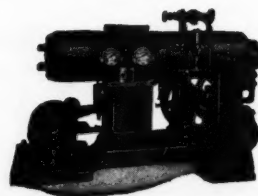
FERGUS, ONT.—Miss Petty, formerly superintendent of the Royal Alexandra Hospital at Fergus, has been appointed assistant superintendent of the Lindsay General Hospital. Her duties commenced October 1st.

FORT WILLIAM, ONT.—The resignation of Miss B. Montpetit, who has been superintendent of the Fort

William Isolation Hospital for some years, has been regretfully accepted. She is leaving for the United States where she will take a special post-graduate course in health nursing.

GUELPH, ONT.—Miss Mary F. Bliss, superintendent of nurses of the Soldiers' Memorial Hospital, Campbellton, N.B., has been appointed superintendent of the Guelph General Hospital, succeeding Miss Elizabeth Shortreed. Miss Bliss served six years in the New Brunswick Hospital and is a graduate of the class of 1911 of the Royal Victoria Hospital, Montreal. She also took a post-graduate course in Hospital Administration at McGill University and saw overseas service from 1915 to 1918.

KINGSTON, ONT.—Nursing sister F. H. Wylie, R.R.C., Royal Canadian Army Medical Corps, has



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MR. J. H. McVETY
President of the British Columbia Hospital
Association.

been appointed in charge of the Royal Military College Hospital at Kingston. Miss Wylie is a native of Almonte, has a distinguished war record and was decorated with the Royal Red Cross.

* * *

KITCHENER, ONT.—The appointment of Miss Gladys C. Coles, of Kingston, to the position of teacher at the Freeport Sanatorium has been announced. Her duties will be to conduct classes for children of the Freeport institution, who have previously had no instruction.

* * *

KITCHENER, ONT.—Mr. E. D. Lang has been appointed to the K-W Hospital Commission to fill the vacancy created by the resignation of Mr. W. C. Treacy.

* * *

MOOSE JAW, SASK.—Owing to the steadily increasing number of student nurses at the Moose Jaw General Hospital, it has been found necessary by the hospital board to acquire a supervisor of nurses. This new position on the staff will be occupied by Miss Mary E. Ingham, formerly of the Hospital for Sick Children, Toronto.

* * *

PORT ARTHUR, ONT.—The appointment of a new superintendent for the Isolation Hospital at Fort William has been announced by the Board of Health. Miss Myrtle Barsbie, assistant superintendent for a number of years, has been promoted to the vacant position. Miss Barsbie is a graduate of McKellar Hospital.



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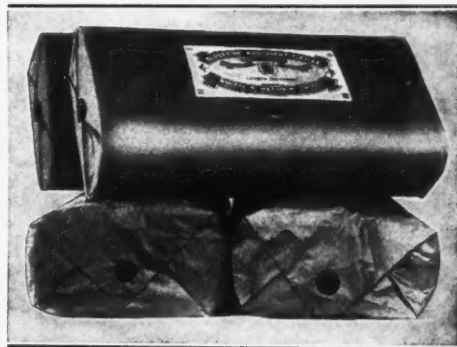
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Progress and Opportunities in the Field of Nursing

*By a Student Nurse,
St. Martha's Hospital, Antigonish, N.S.*

Wonderful achievements and steady progress under all kinds of difficulties have marked the course of the nursing profession during the past twenty years. Apart from the medical profession, perhaps, there is no other line of human endeavour that has made such gigantic strides through the same period of time. There have been successes and failures in business, vigorous growth and chilling depression along industrial lines, good times and hard times on the farm; in a word, prosperity and adversity in all walks of life, but through it all, through storm and calm, through sunshine and clouds, the nursing profession has marched on in a direct line of progress. This has not been achieved without struggle and sacrifice, without determination and courage. As we stand to-day on the threshold of a new era in nursing education, it is well to remember that this remarkable evolution is the sole product of hard work and self-abnegation.

As we look into the future, all things have not

been made known to us, yet we can see far enough to discern certain lines of inevitable development. It is generally believed by the best authorities on the subject that we have only commenced to tap the possibilities in this field. The present-day world, with all its materialism, is changing its attitude towards the work of a nurse. This is verified in various ways, but particularly by the step that universities are taking in their affiliation with hospitals and by the part taken in public health welfare. In this day of reconstruction and organization the whole attitude of nursing and nursing education is very different from the conditions that existed twenty years ago.

The rapid expansion in the field of nursing in late years has created a wide and ever increasing variety of positions to choose from. Private nursing is undoubtedly the most familiar to the general public. The private duty nurse works by the bedside of the sick either at home or in the hospital, and during that time is responsible for the treatment and general welfare of the patient. In recent years there has been a demand for specialists who are qualified to give expert care in certain classes of diseases, such as mental and nervous cases, maternity work and children's diseases.

The public health nurse is recognized to-day as a



Women's General Hospital, Montreal

Conforms to a modern plan which aims to give the most economical use of the available space, and the maximum amount of light.



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necessary factor in the great warfare for life against disease and death. The various types of health work have made it necessary for nurses to develop special methods and technique for the different phases of this work. We have, for example, the school nurse, who extends general health supervision over the children in public schools. She helps to prevent the spread of infectious diseases, teaches simple rules on personal hygiene, sees that physical defects receive proper attention and serves as an expert adviser in the teaching and maintaining of proper living in the schools. The rural nurse fills various capacities in remote districts where she has often to fill the combined duties of nurse, board of health officer, and social worker, all in one. Then we have the T.B. nurse, whose work is of inestimable value in checking the early course of this ravaging disease. In the large centres there is an ever growing demand for the child welfare nurse, who devotes her time mainly to the prevention of illness among babies and the teaching of mothers. These and many other branches of health work are closely related and a number of them are sometimes combined under one nurse.

Then we have the great field of hospital work which is becoming wider every day. There is an ever increasing demand for superintendents of hospitals, administrators, superintendents of nurses, instructors, floor supervisors, dispensary nurses, dieticians, social service workers, anaesthetists, laboratory technicians and others.

There has been a recent movement in the United States which, though not yet fully developed, promises

to bear abundant fruit, and that is rural extension work. This new activity, which is carried on in connection with universities or agricultural colleges, offers nurses golden opportunities of carrying the gospel of health, hygiene and sanitation to remote districts. Nurses are now engaged in several States to conduct institutes and give lectures throughout the country on health subjects. We do not require a very high degree of farsightedness to see the day when we shall help our country in this practical way.

Again, there are many branches of public welfare work which remain still undeveloped and await investigation and organization. There are many problems that are extremely practical and vital to public welfare still unsolved. The system of nursing education itself is undergoing radical changes and calls for a high type of educated women. The solution of any of these problems offers scope and opportunities to nurses of intellectual and administrative ability. There is a special call for leaders who, in addition to their professional training, have the capacity for enthusiastic, whole-hearted, constructive effort. Experience shows that wherever women have shown their fitness for superior service in the nursing field, they have been duly recognized. The opportunities for real service are positively unlimited.

The nursing profession compares favourably with other occupations for women, inasmuch as the nurse is engaged continually in real live problems, and this not merely in abstract preparation. The main object of her work is to bring a fuller, happier and more useful life to all, through the active promotion of

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health and proper living. Lady Helen Munroe Ferguson, in her address on "The Nurse as a Citizen," congratulates them on the fact that their horizon, instead of being narrowed, becomes continually wider and their work, instead of tending to contraction of character and impoverishment of soul, tends to bring out and expand every quality with which they are endowed. Another author would have the nurse the foster-mother of the race, when he says "Whenever and wherever there is life to be tended, nourished or nursed, whether the life be yet unborn or newborn, or senile, or ill, there is the field for womanhood exercising its great function of foster motherhood."

It is, therefore, quite evident and safe to conclude that the graduates of 1928 are entering upon a field where there are uncounted opportunities of service and where the possibilities of self development and social usefulness are limited only by one's own capacity. However, it must be borne in mind that these same opportunities and possibilities are not productive of any good unless they are met with individual and conscientious application as well as earnest and constructive effort. It is for us to "bear the torch and pass it on."

TORONTO, ONT.—Miss Kathleen Pantou, who has resigned as superintendent of Nurses of the Hospital for Sick Children, Toronto, is to be succeeded by Miss Beatrice Austin, a graduate of 1912, who has served in Johns Hopkins Hospital, and was overseas from 1915 to 1919. Miss Alice Grindlay is to be assistant superintendent and also supervisor of the new hospital at Thistletown. Miss Grindlay was overseas during the same period as Miss Austin, and for two and one-half years was on the staff of the Montreal General Hospital.

* * *

VICTORIA, B.C.—The board of directors of the Queen Alexandra Solarium announce the resignation of Miss H. I. Willis from the post of matron at the Queen Alexandra Solarium, Malahat Drive, Cobble Hill, V.I. She has capably held this post for eighteen months.

* * *

WINNIPEG, MAN.—Dr. E. J. Boardman, of Winnipeg, was elected president of the Manitoba Medical Association at the annual convention in September.



Stevens & Lee, Architects

The Royal Victoria Maternity Hospital, Montreal

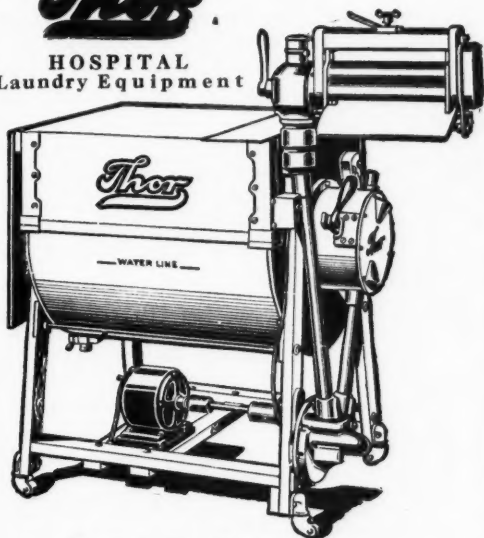
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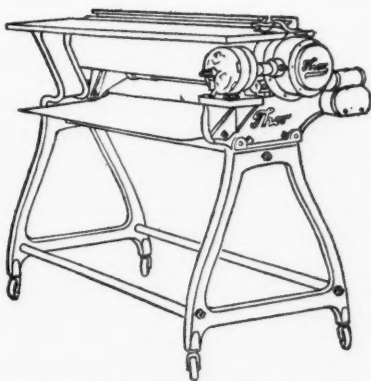
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Saginaw Hospital	Saginaw, Mich.
Muskegon County Tuberculosis Sanitarium,	Muskegon, Mich.
Belmont Hospital	Chicago, Ill.
Presbyterian Hospital	Chicago, Ill.
Elizabeth Steel Magee Hospital	Pittsburg, Pa.
Battle Creek Sanitarium Hospital	Battle Creek, Mich.
Lakeside Hospital	Kendallville, Indiana
St. Joseph Hospital	Chippewa Falls, Wis.
Tasavant Hospital	Pittsburg, Pa.
St. Margaret's Hospital	Pittsburg, Pa.
Allegheny General Hospital	Pittsburg, Pa.
Hackley Hospital	Muskegon, Mich.
West Suburban Hospital	Oak Park, Ill.
Edward W. Sparrow Hospital	Lansing, Mich.
Robert Packer Hospital	Syracuse, Pa.
Harper Hospital	Detroit, Mich.
Harley Memorial Hospital	Flint, Mich.
Detroit Tuberculosis Sanitarium	Detroit, Mich.
Providence Hospital	Detroit, Mich.
Toronto Western Hospital	Toronto, Ontario

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Continued from Page 23

radiations; with lectures and laboratory demonstrations on the physics of the energies studied.

The most effective use of an apparatus can be realized only through a practical knowledge and understanding of the energy employed and its characteristics. Hundreds in the profession are deriving much of immediate value through these courses each year. A technician recommended and sponsored as to his or her eligibility by a physician, will be given consideration for enrollment in one or both of these classes. Courses now scheduled as follows: Operative X-Ray Technic, week of November 12th and week of December 17th; Operative Physical Therapeutic Technic, week of November 19th and week of December 10th.

Professor Jerman has also written a book which should prove of value to anyone interested in this work. It is entitled "Modern X-Ray Technic" and will shortly be available, as it is now on the press.

This work transforms the art of radiography into an exact science based upon practical and standardized method of technical procedure. It offers a clear and concise formula for the consistent production of good radiographs.

The author has made lavish use of illustrations, and all the radiographs illustrated are faithful reproductions made direct from unretouched originals.

The Engineering Service Department is always ready to co-operate with the architect of a new hospital and will draw up a complete set of plans for the new institution's X-ray department, with suggestions and advice as to equipment, installation, etc.

The aim of the Victor X-Ray Corporation is to make each piece of their equipment as simple of operation as possible, to eliminate in as far as is humanly possible every source of danger in its use, and to avoid imperfect results.

In the offices of this company on College Street, Toronto, the writer was very cordially shown some of the equipment, the uses of which were carefully explained. In order to demonstrate how simple the operation of the X-ray machine was, we were allowed to take a picture. The thought at first was rather frightening, but we were willing to try. And how simple it was. There is a stabilizer which controls the milliamperes to the tube and a timer, to set which we just moved a pointer to the number of seconds necessary for the proper exposure. We placed the film directly under the part to be radiographed and put our foot on a switch which automatically turned off the current when the number of seconds shown on the indicator had elapsed. The plate was then developed and the picture was perfect, which was amazing to a novice.

The instrument we used was completely pre-reading so that no test is necessary to be assured of a perfect result. It is also completely calibrated, which enabled the equipment to be pre-reading.

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attention, the most modern equipment it is possible to produce, and comprehensive service, whether it be required in Canada or Buenos Aires.

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In the treatment of strictures of whatever sort it is to be remembered that while Fibrolysin softens the fibrous tissue it does not *per se* stretch it. Accordingly, it is necessary also to make use of the appropriate mechanical measures such as stretching, dilating, etc.

Hagenback-Burkhardt report a case of *esophageal stricture* in a boy of four which followed the drinking of a solution of caustic potash. One Gm. of Fibrolysin was injected every second day under the skin of the back near the spine. The dose was later increased to 1.5 Gm. After a few injections it was found, upon sounding, that the stricture was relaxing and that there was a corresponding amelioration of the symptoms.

F. B. Adams in a case of *urethral stricture* reports that instead of using the contents of one vial of 2.3 Cc., he used one-half of the amount in the morning, the remainder at night, treating the case every other day. On the first and second days there were no perceptible results; on the evening of the sixth day the patient remarked that there appeared to be a slight loosening up, and he could urinate more freely. On the ninth day he was greatly improved, and reported that, aside from a soreness that appeared to be localized at the neck of the bladder, he could urinate as freely as ever. The treatment was continued until six vials of Fibrolysin had been used, covering a period of twelve days. He was then given injections through the urethra of the following:

Ichthyol..... 3 j
Acidi Borici..... grn. xij
Aquae Destillatae..... 3 iij

This appeared to remove the soreness from the neck of the bladder. *Merck & Co., Inc.*

PORT ARTHUR, ONT.—Dr. Laurie, M.H.O. for Port Arthur, has been requested by the Department of Public Health of Ontario to act as district medical health officer for the next eight months, as local tenens for Dr. Sparkes, who will be away.

* * *

NEW WATERFORD, N.S.—Miss Margaret Matheson, R.N., of New Waterford, will shortly resume her duties as superintendent of the Ross Pavilion, Royal Victoria Hospital, Montreal.

* * *

OWEN SOUND, ONT.—Miss Maude Stirling, R.N., superintendent of the General and Marine Hospital, Owen Sound, for the past three years, has tendered her resignation, which has been regrettably accepted by the Board.

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AZNOE'S MISCELLANEOUS CALLS: (a) Full-time Instructress wanted in 75-bed general hospital, Carolina. \$125. (b) Practical Instructor, eligible New York registration, wanted in 135-bed general hospital. \$110. (c) Night Anesthetist wanted in New York City hospital. \$160, meals and laundry. (d) Night nurse in lovely 25-bed hospital, southern Michigan. Good salary. (e) Assistant Surgical Supervisor for 75-bed general hospital, Indiana. Salary open. No. 1961, Aznoe's Central Registry for Nurses, 30 North Michigan Avenue, Chicago, Illinois.

Superintendent of Nurses, small hospital, Montana.....\$125
Instructor, 100-bed hospital, Idaho.....125
Surgical Nurse, medium-size hospital, Montana.....100
General Surgical Nurse, anaesthetics, Montana.....100
Graduate Nurse X-Ray Technician.....125
General duty, alternate.....85
Registered Anaesthetist and Surgical Nurse, Wyoming.....125
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PORTAGE LA PRAIRIE, MAN.—Miss Durham has been appointed assistant to Miss Purvis, lady superintendent of the Portage General Hospital.

SHERBROOKE, QUE.—Miss Grace Moffat, who has been assistant superintendent of the Sherbrooke Hospital for a number of years, has been appointed superintendent of the St. Stephen, N.B., Hospital. She has been succeeded by Miss Jean Fenton, R.N., of St. John, N.B. Miss Fenton is a graduate of the Sherbrooke Hospital training school.

ST. JOHN, N.B.—Miss Rita Underhill, of Fredericton, has been appointed assistant dietitian at the General Public Hospital, St. John. Miss Underhill is a graduate of the Acadia School of Household Science and has been dietitian at the Chipman Memorial Hospital at St. Stephen for the past five months. She succeeds Miss McQuade.

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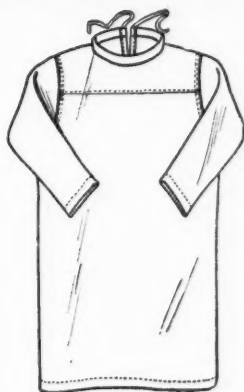
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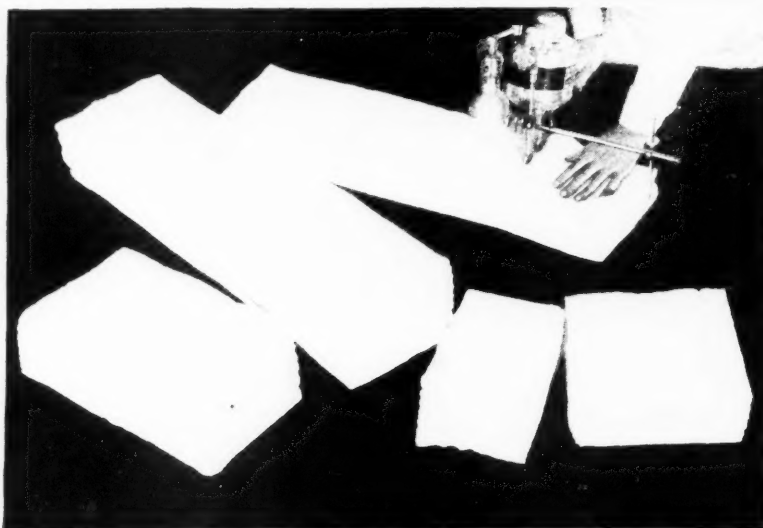
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